

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 8:15)

Check#2175

RECEIVED

2015 MAY -7 AM 1:30

Date of Notification (1) 05 / 04 / 15		Name of Building Owner/Operator (2) John Valla	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-5)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 29 Schoeler Drive	
		City, State, Zip Code Union Beach, NJ 07735	
		Name of Contact Vincent Hackman	Telephone Number 732-277-7257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 29 Schoeler Drive		Square Feet	# of Floors
City (5) Union Beach, NJ 07735		Bldg. Age	
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)	
		Gr Tech LLC	
Street Address		Street Address	
		576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code	
		Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.
		973-638-1777	01127

Start Date (10) 05 / 13 / 15	Scheduled Completion Date (11) 05 / 14 / 15	Name of OSHA Monitor Envirovision Consultants, Inc
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Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM	Street Address 20-21 Wagaraw Road, Bldg. # 35 E
	City, State, Zip Code Fair Lawn, NJ 07410

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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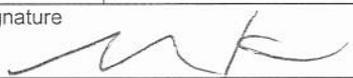
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage-inside	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite siding	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 05/04/2015

* Do not use this form for asbestos abatement for lead activities.

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Check # 11670

Date of Notification (1) <u>5</u> / <u>4</u> / <u>15</u>		Name of Building Owner/Operator (2) MISSION FIRST HOUSING GROUP							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2042-48 ARCH STREET- 2ND FLOOR							
		City, State, Zip Code PHILADELPHIA, PA 19103							
		Name of Contact CATHERINE PANAS	Telephone Number ---						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) FORMER EAGLE SHIRT COMPANY BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 SPRING STREET		Square Feet 7500	# of Floors 2						
City (5) BORDENTOWN		Bldg. Age 60+							
County (6) BURLINGTON	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) EHS ENVIRONMENTAL INC		ASCM No.	Name of Abatement Contractor (9) PLYMOUTH ENVIRONMENTAL						
Street Address 411 SOUTHGATE COURT- STE. E		Street Address 923 HAWS AVENUE							
City, State, Zip Code MICKELTON, NJ 08056		City, State, Zip Code NORRISTOWN, PA 19401							
Project Manager for Monitoring Firm JACK CARNEY	Telephone No. 856-224-0080	Telephone No. 610-239-9920	License No. 00398						
Start Date (10) <u>5</u> / <u>20</u> / <u>15</u>	Scheduled Completion Date (11) <u>6</u> / <u>3</u> / <u>15</u>	Name of OSHA Monitor PLYMOUTH ENVIRONMENTAL							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 923 HAWS AVENUE							
		City, State, Zip Code NORRISTOWN, PA 19401							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1ST FLOOR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/ MASTIC	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PIPING DEBRIS	2,400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	WINDOW GLAZING	1,750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BASEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	BLACK MOISTURE BARRIER	1,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT		NJDEP Waste Hauler ID No. A901 #20990/	Cubic Yards of Waste 60 CY	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE, NEW CASTLE, DE 19720			Disposal Date 6/5/15	City, State WAYNESBURG, OH					
Completed By (Print or Type) RUSSELL KING		Title PM	Signature 			Date 5/4/15			

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Check 13866

Date of Notification (1) 5/4/15		Name of Building Owner/Operator (2) Tom Hanlon & Mollie Lindsey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 24 Wall Street						
			City, State, Zip Code Cranford, NJ 07016						
			Name of Contact Tom Hanlon		Telephone Number -7				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 24 Wall Street			Square Feet 2100						
City (5) Cranford			# of Floors 2	Bldg. Age 62					
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-583-8500	License No. 703					
Start Date (10) 5/13/15	Scheduled Completion Date (11) 6/3/15		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
stairs & side porch			x	floor tile	30 SF	x			
basement			x	pipe insulation	60 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD	City, State Birdsboro PA						
Completed by A. Scott Higgins		Title President	Signature 		Date 5/4/15				

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

CHECK # 8738

Date of Notification (1) <i>5/4/15</i>		Name of Building Owner/Operator (2) <i>AFFILIATED MANUFACTURER</i>		2015 MAY -1 AM 1:28							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation		Street Address <i>301 S. LIVINGSTON AVE SUITE #201</i>		ASBESTOS CONTROL IDENTIFICATION						
			City, State, Zip Code <i>LIVINGSTON NJ 07039</i>								
			Name of Contact <i>RICH S</i>			Telephone Number _____					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) <i>FREEMONT # 82</i>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address <i>32 FREEMONT ST</i>											
City (5) <i>BLOOMFIELD</i>			Square Feet <i>8000</i>	# of Floors <i>3</i>	Bldg. Age <i>60</i>						
County (6) <i>ESSEX</i>		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <i>ARTS</i>							
Name of Monitoring Firm Hired by Building Owner (8) APPROVED <i>New Jersey Health & Senior Services</i> (Signature) Date: <i>5/4/15</i> Time: <i>7:25AM</i>		ASCM No. _____		Name of Abatement Contractor (9) <i>A. MAC Contracting Inc</i>							
Street Address _____		Street Address <i>185 Vreeland Ave.</i>									
City, State, Zip Code _____		City, State, Zip Code <i>Midland Park, NJ 07432</i>									
Project Manager for Monitoring Firm _____		Telephone No. _____		Telephone No. <i>201-252-5841</i>	License No. <i>00158</i>						
Start Date (10) <i>5/4/15</i>		Scheduled Completion Date (11) <i>5/6/15</i>		Name of OSHA Monitor <i>Omega Environmental Services Inc.</i>							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address <i>280 Huyer Street</i>								
			City, State, Zip Code <i>Hackensack, NJ 07606</i>								
Scope of Work (Check All That Apply)											
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <i>HALLWAY</i>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <i>Pipe</i>	Amount (Specify SF or LF) <i>15 LF</i>	Abatement Type					
	Yes	No	N/A			Removal	Repair	Encapsulation	Exposure		
Name of Registered Waste Hauler <i>Newark Carting, Inc</i>		NJDEP Waste Hauler ID No. <i>04509</i>		Cubic Yards of Waste <i>0.5</i>		Name of Registered Landfill <i>IESI PA Bethlehem Landfill Corp.</i>					
City, State, Zip Code <i>Newark, NJ 07105</i>		Disposal Date <i>5/4/15</i>		City, State, Zip Code <i>Bethlehem, PA 18015</i>							
Completed by <i>R. McDonald</i>		Title <i>President</i>		Signature <i>R. McDonald</i>		Date <i>5/4/15</i>					

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:50 and 12:120)

CHECK # 8738

Date of Notification (1) 5/4/15		Name of Building Owner/Operator (2) AFFILIATED MANAGEMENT								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 301 S. LIVINGSTON AVE SUITE #201								
		City, State, Zip Code LIVINGSTON, NJ 07039								
		Name of Contact RICH S.	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RUMSEY PARK APARTMENTS # 112-11H		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 7-17 ROBERT ST		Square Feet 800	# of Floors 3							
City (5) CALDWELL		Bldg. Age 60								
County (6) BUSBY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) APTS								
Name of Monitoring Firm Hired by Building Owner (8) APPROVED NJ Dept of Health & Senior Services <i>Paul C. [Signature]</i> Date: 5/4/15 Time: 7:25AM		ASCM No.	Name of Abatement Contractor (9) A. MAC Contracting Inc							
Street Address		Street Address 185 Vreeland Ave.								
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432								
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156							
Start Date (10) 5/4/15	Scheduled Completion Date (11) 5/6/15	Name of OSHA Monitor Omega Environmental Services Inc.								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 280 Huyar Street								
		City, State, Zip Code Hackensack, NJ 07606								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
CRAWL SPACE			X	PIPE	8 LF	X				
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste .5	Name of Registered Landfill IESI PA Bethlehem Landfill Corp.						
City, State, Zip Code Newark, NJ 07105		Disposal Date 5/4/15		City, State, Zip Code Bethlehem, PA 18015						
Completed by R. McDonald		Title President	Signature <i>R. McDonald</i>				Date 5/4/15			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 12:120)

CK
 #1225



Date of Notification (1) May 4, 2015		Name of Building Owner/Operator (2) Township of Phillipsburg		APPROVED NJ Dept. of Health & Senior Services <i>Paul C. Horned</i> (Signature) Date: 5/4/15 Time: 2:30 PM							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 675 Corliss Ave. City, State, Zip Code Phillipsburg NJ 08865 Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) House (burned by fire)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 99 Sitgreaves Ave		City (5) Phillipsburg		Square Feet tbd	# of Floors tbd						
County (6) Warren		County Code (7) (STATE USE ONLY) _____		Bldg. Age 50+							
Name of Monitoring Firm Hired by Building Owner (8) n/a			ASCM No. n/a		Name of Abatement Contractor (9) Loznica Management Corp						
Street Address n/a			Street Address 22 Troy Lane								
City, State, Zip Code n/a			City, State, Zip Code Lincoln Park NJ 07035								
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 9737067950	License No. 01193						
Start Date (10) May 6, 2015		Scheduled Completion Date (11) May 13, 2015		Name of OSHA Monitor Loznica Management Corp							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____			Street Address 22 Troy Lane City, State, Zip Code Lincoln Park NJ 07035								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	X LINE DUMPSTERS & WET MATERIAL <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes No N/A						Removal	Repair	Encapsulate	Entireure
Entire Home				Burned material to be		unknown		x			
				Disposed as Asbestos Material							
Name of Registered Waste Hauler Rovic Transport			NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill				
City, State Riverdale, NJ			Disposal Date TBD		City, State Morrisville PA 19067						
Completed by E. Girovic			Title Secretary		Signature <i>E. Girovic</i>		Date May 4, 2015				

RECEIVED

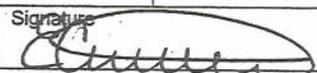
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CH#1227

Date of Notification (1) 5-4-2015		Name of Building Owner/Operator (2) CJUF II Harrison Holdings LLC		2015 MAY -7 AM 1:32								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 50 Washington Street City, State, Zip Code Hoboken, NJ 07030 Name of Contact _____ Telephone Number _____								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 214-216 Middlesex Str (Angelo Cifelli Drive)			Square Feet 5000		# of Floors 2							
City (5) Harrison		County Code (7) (STATE USE ONLY) _____		Bldg. Age 50+								
County (6) Essex		Current Use (Prior if being demolished) Abandoned Building for Demo										
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp									
Street Address n/a		Street Address 22 Troy Lane										
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035										
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 9737067950	License No. 01193								
Start Date (10) 5-14-2015		Scheduled Completion Date (11) 6-10-2015		Name of OSHA Monitor Loznica Management Corp								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 22 Troy Lane City, State, Zip Code Lincoln Park NJ 07035									
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure												
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Roof				X	Flashing		5000 SF		X			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill						
City, State Riverdale, NJ		Disposal Date TBD		City, State Morrisville PA 19067								
Completed by E. Cirovic		Title Secretary		Signature 		Date 5-4-2015						

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

CK# 1226

Date of Notification (1) 5-4-2015		Name of Building Owner/Operator (2) CJUF II Harrison Holdings LLC								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 50 Washington Street							
			City, State, Zip Code Hoboken, NJ 07030							
			Name of Contact _____ Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Abandoned Building for Demo		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 212 Middlesex Str (Angelo Cifelli Drive)		Square Feet 4000	# of Floors 2							
City (5) Harrison		Bldg. Age 50+								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Building for Demo								
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Loznica Management Corp							
Street Address n/a		Street Address 22 Troy Lane								
City, State, Zip Code n/a		City, State, Zip Code Lincoln Park NJ 07035								
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 9737067950							
		License No. 01193								
Start Date (10) 5-14-2015	Scheduled Completion Date (11) 6-10-2015	Name of OSHA Monitor Loznica Management Corp								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 22 Troy Lane								
		City, State, Zip Code Lincoln Park NJ 07035								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Facada			x	Shingles Siding	3150 SF	x				
Lower Roof			x	Roof Membrane	2500 SF	x				
Upper Roof			x	Flashing	400 SF	x				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill						
City, State Riverdale, NJ		Disposal Date TBD		City, State Morrisville PA 19067						
Completed by E. Cirovic		Title Secretary		Signature 			Date 5-4-2015			

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**

CK# 2639

X Jancy X

RECEIVED

Date of Notification (1) 5/4/15		Name of Building Owner/Operator (2) Tina Manco							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 50 North Potter Ave City, State, Zip Code Manasquan, New Jersey 08736						
			Name of Contact Craig	Telephone Number -----					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Manco Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 50 North Potter Ave			Square Feet 1500	# of Floors 1	Bldg. Age 60+				
City (5) Manasquan		County (6) Monmouth		County Code (7) (STATE USE ONLY) _____					
Current Use (Prior if being demolished) residence		Name of Monitoring Firm Hired by Building Owner (8) ASCM No. _____							
Name of Abatement Contractor (9) Ace Insulation Co., Inc.		Street Address 95 Montrose Road							
Street Address		City, State, Zip Code Colts Neck, N.J. 07722							
City, State, Zip Code		Telephone No. 732-294-1757		License No. 00029					
Project Manager for Monitoring Firm		Telephone No. _____							
Start Date (10) 5/7/15		Scheduled Completion Date (11) 5/11/15		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
indoors			X	ceiling sheet rock	1000sf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 4		Name of Registered Landfill Chrins			
City, State Colts Neck, New Jersey		Disposal Date 5/11/15		City, State Easton, PA					
Completed by Bree McGuire		Title Secretary Treasurer		Signature <i>Bree McGuire</i>		Date 5/3/15			

CK#2640

** Sandy **

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

2015 MAY - 7
 ASBESTOS
 & LICENSING

Date of Notification (1) 5/4/15		Name of Building Owner/Operator (2) Robert Manolio	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2051 Baltimore Ave	
		City, State, Zip Code Ortley Beach, New Jersey	
		Name of Contact mike	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Manolio Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2051 Baltimore Ave		Square Feet 1500	# of Floors 1
City (5) Ortley Beach		Bldg. Age 60+	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.
Street Address		Street Address 95 Montrose Road	
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029
Start Date (10) 5/6/15	Scheduled Completion Date (11) 5/8/15	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

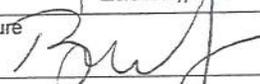
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
outdoor			x	roofing material	1000sf	x			

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 3	Name of Registered Landfill Chrins	
City, State Colts Neck, New Jersey		Disposal Date 5/8/15		City, State Easton,, PA	
Completed by Bree McGuire		Title Secretary Treasurer	Signature 	Date 5/3/15	

CH# 2641

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

Date of Notification (1) 5/4/15		Name of Building Owner/Operator (2) Premire Design Custom Homes		2015 11 7 AM 1:43								
Agencies Notified		Type Notification		Street Address 405 Quantuck Lane								
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code West Field, New Jersey Name of Contact Telephone Number Jerry _____								
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Premier Desing Custom Homes property				Type of Facility (4)								
Street Address 670 Carleton Rd				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) Westfield		Square Feet 1200	# of Floors 1 1/2	Bldg. Age 65+								
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Ace Insulation Co., Inc.									
Street Address		Street Address 95 Montrose Road										
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722										
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 732-294-1757	License No. 00029								
Start Date (10) 5/14/15		Scheduled Completion Date (11) 5/18/15		Name of OSHA Monitor								
Occupancy Status During Abatement (Check Only One)			Street Address									
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm			City, State, Zip Code									
Scope of Work (Check All That Apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
outside				x	siding		1200sf		x			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 2		Name of Registered Landfill Chrins						
City, State Colts Neck, New Jersey		Disposal Date 5/18/15		City, State Easton,, PA								
Completed by Bree McGuire		Title Secretary Treasurer		Signature 		Date 5/4=/[6=d-rrehlrere						

CK# 2641

State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

RECEIVED
 2015 MAY -7 AM 1:49
 ASBESTOS CONTROL
 & LICENSING

Date of Notification (1) 5/4/15		Name of Building Owner/Operator (2) Todd Luttmann	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1808 Rue De La Port Drive
	City, State, Zip Code Wall, New Jersey 07719		Name of Contact Todd
	Telephone Number		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Luttmann Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1005 Heck Street		Square Feet 1700	# of Floors 2
City (5) Asbury		Bldg. Age 90	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.
Street Address		Street Address 95 Montrose Road	
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722	
Project Manager for Monitoring Firm		Telephone No. 732-294-1757	License No. 00029
Start Date (10) 5/13/15	Scheduled Completion Date (11) 5/18/15	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crawl space			x	pipe insulation	125lf	x			

Name of Registered Waste Hauler Ace Insulation Co., Inc.	NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 2	Name of Registered Landfill Chrins
City, State Colts Neck, New Jersey		Disposal Date 5/18/15	City, State Easton,, PA
Completed by Bree McGuire	Title Secretary Treasurer	Signature 	Date 5/3/15

OK #2637

* Sandy *

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/1/15		Name of Building Owner/Operator (2) Bart Wnrick	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 3666 Ocean Terrace			
City, State, Zip Code Normandy Beach			
Name of Contact Mike		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Wnrick Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 3666 Ocean Terrace		Square Feet 2400	# of Floors 2
City (5) Normandy Beach		Bldg. Age 60+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address		Street Address 95 Montrose Road		
City, State, Zip Code		City, State, Zip Code Colts Neck, N.J. 07722		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-294-1757	License No. 00029

Start Date (10) 5/2/15	Scheduled Completion Date (11) 5/5/15	Name of OSHA Monitor		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am-7pm		Street Address		
		City, State, Zip Code		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
outside			x	siding (with vinyl overtop)	2400sf	x			

Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 4	Name of Registered Landfill Chrins	
City, State Colts Neck, New Jersey			Disposal Date 5/5/15	City, State Easton,, PA	
Completed by Bree McGuire		Title Secretary Treasurer	Signature 	Date 5/1/15	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) <p style="text-align: center;">5/4/2015</p>		Name of Building Owner/Operator (2) <p style="text-align: center;">Mac Management Properties 24673</p>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <p style="text-align: center;">3005 Route 88 2015 MAY -7 AM 1:42</p>
			City, State, Zip Code <p style="text-align: center;">Point Pleasant, NJ 08742</p>
			Name of Contact <p style="text-align: center;">Mike Colucci</p>

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <p style="text-align: center;">Residence</p>			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <p style="text-align: center;">31 Bullard Drive</p>			Square feet <p style="text-align: center;">1200 sf</p>		
City <p style="text-align: center;">Lavallette</p>			# of Floors <p style="text-align: center;">1</p>		
County (6) <p style="text-align: center;">Ocean</p>		County Code (7) (STATE USE ONLY)		Bldg. Age <p style="text-align: center;">60</p>	
Name of Monitoring Firm Hired by Building Owner (8) <p style="text-align: center;">N/A</p>			Name of Abatement Contractor (9) <p style="text-align: center;">Guardian Contracting, Inc.</p>		
Street Address			Street Address <p style="text-align: center;">1889 Route 9, Unit 61</p>		
City, State, Zip Code			City, State, Zip Code <p style="text-align: center;">Toms River, New Jersey 08755-1271</p>		
Project Manager for Monitoring Firm		Telephone Number		Telephone Number <p style="text-align: center;">732-349-9932</p>	
Scheduled Start Date (10) <p style="text-align: center;">5/4/15</p>		Scheduled Completion Date (11) <p style="text-align: center;">5/5/15</p>		License Number <p style="text-align: center;">00624</p>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Name of OSHA Monitor <p style="text-align: center;">E.M.S.L. Analytical</p>		
			Street Address <p style="text-align: center;">1056 Stelton Road</p>		
			City, State, Zip Code <p style="text-align: center;">Piscataway, New Jersey 08854</p>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> >3 sf or ≥3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
<input type="checkbox"/> Glovebag Procedure					
<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					

Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos siding	1150 sf	X			

Name of Registered Waste Hauler <p style="text-align: center;">Guardian Contracting, Inc.</p>		NJDEP Waste Hauler ID No. <p style="text-align: center;">20223</p>		Cubic Yards of Waste <p style="text-align: center;">3</p>		Name of Registered Landfill <p style="text-align: center;">T.R.R.F.</p>	
City, State <p style="text-align: center;">Toms River, New Jersey</p>		Disposal Date <p style="text-align: center;">5/6/15</p>		City, State <p style="text-align: center;">Tullytown, Pennsylvania</p>			
Completed by (Print or Type) <p style="text-align: center;">Nicholas Fernicola</p>		Title <p style="text-align: center;">Project Manager</p>		Signature 			Date <p style="text-align: center;">5/4/2015</p>

*Do not use this form for asbestos licensure exempted activities.

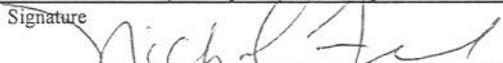
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) May 4, 2015		Name of Building Owner/Operator (2) Seminole Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 128 Bartlett Avenue
			City, State, Zip Code West Creek, NJ 08092
			Name of Contact Joyce

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (k-12) <input type="checkbox"/> Subchapter 8 (other than k-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 12 Neptune Road			Square feet 1000 sf		
City Toms River			# of Floors 1		
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 60		
Name of Monitoring Firm Hired by Building Owner (8) N/A			Name of Abatement Contractor (9) Guardian Contracting, Inc.		
Street Address			Street Address 1889 Route 9, Unit 61		
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-1271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932		License Number 00624
Scheduled Start Date (10) 5/5/15		Scheduled Completion Date (11) 5/7/15	Name of OSHA Monitor E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe _____			Street Address 1056 Stelton Road		
			City, State, Zip Code Piscataway, New Jersey 08854		
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A			R E M O V E L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior house		X		Asbestos siding	900 sf	X			

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 5/8/15	City, State Tullytown, Pennsylvania		
Completed by (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 		Date 5/4/15

*Do not use this form for asbestos licensure exempted activities.

NO CK

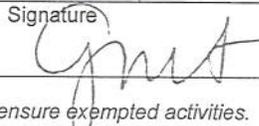
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

2015 MAY - 1 10:41:17

Date of Notification (1) <u>4</u> / <u>29</u> / <u>15</u>		Name of Building Owner/Operator (2) Middlesex County College / Job #1504-4898 COURTESY							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2600 Woodbridge Ave.							
		City, State, Zip Code Edison, NJ 08818							
		Name of Contact Dan Fuchs	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Middlesex County College- South Hall Construction Site		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2600 Woodbridge Avenue									
City (5) Edison	Square Feet	# of Floors	Bldg. Age						
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 120 North Warren Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Rick Beach	Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>4</u> / <u>30</u> / <u>15</u>	Scheduled Completion Date (11) <u>5</u> / <u>5</u> / <u>15</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
South Hall- Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Pipe	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 6	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 5/5/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 4/29/15		

NO CK

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <u>4</u> / <u>30</u> / <u>15</u>		Name of Building Owner/Operator (2) State of NJ DPMC / Job # Check #7032							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State Street Floor 9						
	City, State, Zip Code Trenton, NJ 08625			Name of Contact Cathy Douglass					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vineland DOT Repair Garage			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1959 South Delsea Drive			Square Feet	# of Floors	Bldg. Age				
City (5) Vineland		County (6) Cumberland		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Garage				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 120 North Warren Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Frisbee		Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) <u>2</u> / <u>23</u> / <u>15</u>		Scheduled Completion Date (11) <u>5</u> / <u>30</u> / <u>15</u>		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	812 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Windows & Glazing	1,626 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 5/30/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 		Date 4/30/15				

* Do not use this form for asbestos licensure exempted activities.

NO CK

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

1310-4694
Check #7127

Date of Notification (1) 5/1/15		Name of Building Owner / Operator (2) Passaic Valley Sewerage Commissioners	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended # <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 600 Wilson Avenue	
		City, State & Zip Code Newark, NJ 07105	
		Name of Contact Anthony	Telephone Number 973-544-1000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PVSC			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 600 Wilson Avenue			Square Feet	# of Floors	Bldg. Age
City (5) Newark	County (6) Essex	County Code (7)	Current Use (Prior if being demolished) Plant		

Name of Monitoring Firm Hired by Building Owner (8) AECOM		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address 30 Knightsbridge Road Suite 520		Street Address PO Box 25			
City, State & Zip Code Piscataway, NJ 08854		City, State & Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Mark Connors		Telephone Number 732-564-3606	Telephone Number 609-265-2107	License Number 00529	

Scheduled Start Date (10) 4/20/15	Scheduled Completion Date (11) 5/29/15	Name of OSHA Monitor EMSL Analytical			
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 108 Haddon Ave.			
		City, State & Zip Code Westmont, NJ 08108			

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

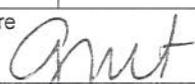
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Effluent Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	1,150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	4,277 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effluent Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interior Window caulk	225 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet Weather Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Built Up Roofing	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet Weather Pumping Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Window Caulk	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill TRRF Landfill	
City, State Lumberton, NJ	Disposal Date 5/29/15	City, State Tullytown, PA		

Completed By (Print or Type) Gwen Trumbetti	Title Opps. Coord.	Signature 	Date 5/1/15
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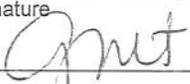
NO CK

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <u>4</u> / <u>30</u> / <u>15</u>		Name of Building Owner/Operator (2) Trustees of Princeton / Job #1408-4803 Check #6841							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Trustees of Princeton University E.A. MacMillan Bldg.						
			City, State, Zip Code Princeton, NJ 08544						
			Name of Contact Robert Ortego, P.E.						
		Telephone Number 609-256-1841							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Princeton University – Firestone Library			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address One Washington Road									
City (5) Princeton		Square Feet 1,000,000	# of Floors 8	Bldg. Age 72					
County (6) Mercer		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) University Library					
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No. 00098	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 609-386-8800	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) <u>12</u> / <u>24</u> / <u>14</u>		Scheduled Completion Date (11) <u>5</u> / <u>30</u> / <u>15</u>		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Work Area #1A Level 1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe and Fitting Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Area #1A Level 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 5/30/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 4/30/15		

NO CK

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <u>5</u> / <u>1</u> / <u>15</u>		Name of Building Owner/Operator (2) Verizon Communications / Job #1504-4896 Check #7160							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Avenue							
		City, State, Zip Code Jenkintown, PA 19046							
		Name of Contact Alex Baylor		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon- Pemberton CO			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 71 Hough Street			Square Feet	# of Floors	Bldg. Age				
City (5) Pemberton		County (6) Burlington		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Offices				
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 8436 Enterprise Ave.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 609-265-2107	License No. 00529					
Start Date (10) <u>5</u> / <u>11</u> / <u>15</u>	Scheduled Completion Date (11) <u>5</u> / <u>25</u> / <u>15</u>		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ <u>5</u> PM- <u>1</u> AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	**SEE ATTACHED**	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 5/25/15	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 		Date 5/1/15					

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) <u>5</u> / <u>4</u> / <u>15</u>		Name of Building Owner/Operator (2) Verizon Communications / Job #1504-4897 Check #7185							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Greenwood Avenue							
		City, State, Zip Code Jenkintown, PA 19046							
		Name of Contact Alex Baylor	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon- Herbertsville CO		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 411 Van Zile Rd.		Square Feet	# of Floors						
City (5) Brick		Bldg. Age							
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 8436 Enterprise Ave.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	License No. 00529						
Start Date (10) <u>5</u> / <u>18</u> / <u>15</u>	Scheduled Completion Date (11) <u>5</u> / <u>29</u> / <u>15</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/ 5PM-1AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	**SEE ATTACHED**	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 5/29/15		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>			Date 5/4/15		

Herbertsville Central Office
411 Van Zile Road
Brick, NJ 08724

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BASE BID			
Location	Quantity	Number of Estimated Shifts	Total Dollar Amount *
Basement-Engine Room	Removal of 470 SF of 12"x12" VAT/Mastic		
Basement-Engine Room	Removal of 50 SF of 12"x12" VAT/Mastic (Separate Mobilization)		
Basement-Fuel Tank Room	Removal of 200 SF of 12"x12" VAT/Mastic		
1 st Floor-Office	Removal of 105 SF of 12"x12" VAT/Mastic		
	TOTAL BASE BID		
* Includes Supervisor and Laborers			

All bids must include a breakdown of labor rates and material. Please include breakdown below:

Labor Price=\$

Equipment/Materials=\$

Disposal Price=\$

Total = \$

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Brick, NJ 08724

2015 MAY -7 AM 4:17

2015 MAY -7 AM 4:17

ALTERNATE #1 BID			
Location	Quantity	Number of Estimated Shifts	Total Dollar Amount *
Roof	Removal of 36 SF of Curb/Equipment Flashing		
	TOTAL BASE BID		
* Includes Supervisor and Laborers			

All bids must include a breakdown of labor rates and material. Please include breakdown below:

Labor Price=\$

Equipment/Materials=\$

Disposal Price=\$

Total = \$

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2015-83

Check # 7195

Date of Notification (1) <u>10/5/10 14/11/15</u>		Name of Building Owner/Operator (2) <u>Ray Johnson</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address <u>16 Perrine Avenue</u>	
		City, State, Zip Code <u>Jersey City, NJ 07306</u>	
		Name of Contact <u>Ray Johnson</u>	Telephone Number <u>973-696-1210</u>

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Ray Johnson</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address <u>16 Perrine Avenue</u>			Square Feet	# of Floors	Bldg. Age
City (5) <u>Jersey City</u>	County (6) <u>Bergen</u>	County Code (7) (State use only)	Current Use (Prior if being demolished) <u>residential</u>		

Name of Monitoring Firm Hired by Bldg. Owner (8) <u>n/a</u>		ASCM No.	Name of Abatement Contractor (9) <u>B & G Restoration, Inc.</u>		
Street Address		Street Address <u>105 Ryerson Road</u>			
City, State, Zip Code		City, State, Zip Code <u>Lincoln Park, NJ 07035</u>			
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>(973)696-6869</u>	License Number <u>00378</u>	
Scheduled Start Date (10) <u>05/14/2015</u>		Sched. Completion Date (11) <u>05/15/2015</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					
Name of OSHA Monitor <u>B & G Restoration, Inc.</u>		Street Address <u>105 Ryerson Road</u>			
City, State, Zip Code <u>LincolnPark, NJ 07035</u>					

Scope of Work (check all that apply)

- Demolition Renovation Full Containment w/negative pressure Glovebag procedure
 >3 sf or >3 lf ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement back room			<input checked="" type="checkbox"/>	pipe insulation	24 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	pipe insulation	2 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>B & G Restoration, Inc.</u>	NJDEP Hauler ID# <u>19563</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Tullytown Resource & Recovery Center</u>	
City, State <u>Lincoln Park, NJ</u>	Disposal Date <u>05/15/2015</u>	City, State <u>Tullytown, PA</u>		
Completed by (Print or Type) <u>Gordana Luna</u>	Title <u>Secretary/Treasurer</u>	Signature <i>Gordana Luna</i>	Date <u>05/04/2015</u>	